WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR BRAND NAME CLOZARIL®

This worksheet is to be used by pharmacists and dispensing physicians only in preparation to receive prior authorization (PA).

Note: Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) for brand name Clozaril® will be available only for dates of service (DOS) from September 1, 2004, to September 30, 2004. A maximum of a 30 days' supply may be granted through STAT-PA. Paper PA is required if it is medically necessary for the recipient to remain on brand name Clozaril® beyond 30 days.

Name — Recipient	

The STAT-PA system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	___ ___ ___ ___ ___ ___ ___ ___
Recipient Medicaid Identification Number	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
National Drug Code	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Prescriber's Drug Enforcement Administration Number	___ ___ ___ ___ ___ ___ ___ ___ ___
Diagnosis Code Use the most appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "**00**" (Not Specified), "**01**" (Home [IV-IM Services Only]), "**04**" (Long Term/Extended Care), "**07**" (Skilled Care Facility), or "**10**" (Outpatient).	___ ___
Date of Service The DOS may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

1. Has the provider requested that the recipient continue on brand name Clozaril®? If yes, press "1." If no, press "2." ____
   If yes, the PA request will be approved for up to 30 days.
2. Was the pharmacy unable to reach the prescriber? If yes, press "1." ____
   If yes, the PA request will be approved for up to 30 days.

STAT-PA RESPONSE

Assigned PA Number	___ ___ ___ ___ ___ ___ ___
First Date of Service (Not earlier than September 1, 2004)	
Expiration Date (Not later than September 30, 2004)	
Number of Days Approved (Up to a 30 days' supply)	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

❏ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
❏ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
❏ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:
❏ This is a new PA request.
❏ This is a renewed PA request.

*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."